

Registration Form

Please **PRINT** all information. Make photocopies if additional forms are needed. Incomplete forms will not be processed.

Participant(s) Information

LAST Name only:

Address: City: Zip:

Home Phone: () Day Phone: ()

Emergency Contact: Relation: Phone: ()

Name of Medical Provider (if applicable)

Present Physician/Location (if applicable)

Known Medical Conditions/Allergies:

Does the participant(s) require any special accommodations to participate in these activities?
☐ YES ☐ NO If yes, a Recreation Services staff person will contact you.

Participant's Name		Birthdate	Sex	Activity Code Numbers			Program
First and Last Names	All Participants			1st Choice	2nd Choice	3rd Choice	Fee

Would you like to make a donation to the R.A.P. Program? (Recreation Assistance Program for fee assistance)

I authorize the use of my: MasterCard Visa Discover	Sub-total of Fees:	\$
Name as it appears on card:	Applicable Credit/Discount:	\$
Card #:	Total Fees Enclosed:	\$
Expiration Date: Month Year	Please make check for first choice class(es). Make checks payable to "City of Milpitas." Send to: Class Registration, 457 E. Calaveras Blvd., Milpitas, CA 95035	
Signature:	Date:	

I, _____ declare that I am the parent/legal guardian of _____.

I, the undersigned, do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(ies) and I further agree to indemnify and hold the City of Milpitas harmless from and against any and all liability for any injury which may be suffered by the aforementioned individual arising out of or in any way connected with his/her participation in this activity. The undersigned further authorizes the administration of any first aid steps that may be deemed necessary by qualified personnel. I also agree, as a participant of any paid or free event, class, activity, or program, to grant full permission to the City of Milpitas to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me. I verify that all the above information is true and accurate. I understand that the office must be notified of a refund request 10 days prior to the first class. Refunds with less than 10 days prior notice will be issued in the form of a credit voucher. I understand that transfer requests may be made no less than 7 days before a class begins. A \$5 service charge will be withheld from each class for all refund/transfer requests. If for any reason you are not satisfied with a class, a pro-rated (minus classes attended) credit will be issued providing the Milpitas Community Center office is notified before the third class meeting. Credits can not be issued after the third class meeting. Refunds may take up to 15 business days for processing.

Signature: _____ Date: _____

Print Name: _____ ☐ Participant ☐ Parent ☐ Legal Guardian

OFFICE USE ONLY		Date Rec'd	# of Checks	Credit \$	Returned Check(s)
Staff	Reg. #	Resident	Non-Resident	Rct.#	